MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/735009   FILING DATE

APPLICANT(S)

11/2/0

					CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/				51						
2				/			52						
3				/			53						
4				/			54						
5				/			55						
6				/			56						
7				/			57						
8				/			58						
9				/			59						
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12				/			62						
13				/			63						
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15				/			65						
16				/			66						
17			/				67						
18			/				68						
19			/				69						
20			/				70						
21				/	/		71						
22			/	/			72						
23			/				73						
24			/				74						
25			/	/			75						
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39							89						
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41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.			9				TOTAL IND.						
TOTAL DEP.			17				TOTAL DEP.						
TOTAL CLAIMS			26				TOTAL CLAIMS						